

**3rd AMENDMENT TO THE
INTERAGENCY SERVICE AGREEMENT
#HS832423
Between
ARIZONA DEPARTMENT OF HOUSING
and
ARIZONA DEPARTMENT OF HEALTH SERVICES
For facilitating the expansion of housing for individuals
diagnosed with a serious mental illness**

THIS THIRD AMENDMENT TO THE INTERAGENCY SERVICE AGREEMENT ("Third Amendment to the ISA") is entered into under Arizona Revised Statutes §35-148 by and between the Arizona Department of Housing (hereinafter called "Housing"), and the Arizona Department of Health Services (hereinafter called "ADHS").

WHEREAS, Housing and ADHS previously entered into an Interagency Service Agreement ("the ISA") effective February 26, 2008, and;

WHEREAS, a third revision to the ISA is necessary, and;

WHEREAS, Housing and ADHS agree that the revision is in the best interests of all parties;

In consideration of the revisions described below, the performances described, and the benefits to be received, Housing and ADHS hereby agree to amend the ISA as follows:

ITEM 2. Shall be replaced in its entirety with the following:

2. This Agreement shall terminate no later than June 30, 2015 unless extended by agreement of the parties in writing **in order to carry out the Bridge Subsidy Program, the manual and the request for additional funding of which is attached.**

ITEM 3. Shall be replaced in its entirety with the following:

3. ADOH shall provide \$6 million in State Housing Trust Funds ("Program Funds") to ADHS for the purpose of facilitating housing for adults with a serious mental illness enrolled in the Regional Behavioral Health Authority, with **Title 19** (AHCCCS) eligibility. This includes \$4 million previously transferred to ADHS for this purpose, and an additional \$2 million that will be transferred to ADHS upon execution of this amendment, to be utilized in accordance with the attached ADHS proposal.

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ITEM 16. Shall be added to this Agreement:

16. Beginning no later than April 30, 2010, ADHS will provide to ADOH on a quarterly basis, a summary report of the number of vouchers being utilized over the last quarter, broken down by region as outlined in the ADHS proposal, as well as a cumulative total of funds expended as of the end of that quarter. The report should also include the number of households currently looking for units, for those vouchers that are currently not being used. Any variation between voucher use and intended goals should be explained in a narrative

statement. Reports will be due as follows:

No later than April 30 Activity for January, February, March

No later than July 31 Activity for April, May, June

No later than October 31 Activity for July, August, September

No later than January 31 Activity for October, November, December

Reports should be submitted to the Assistant Deputy Director/Operations, ADOH, 1110 W. Washington, Suite 310, Phoenix, Arizona 85007. Reports may be submitted electronically.

Any and all portions of the ISA that are not specifically amended above shall remain unchanged and in full force and effect.

In Witness Whereof, Housing and ADHS have executed this Third Amendment to the ISA, which shall become effective this 23 day of April 2010.

THE STATE OF ARIZONA,


ARIZONA DEPARTMENT OF HOUSING

Signature: 

Name/Title: Michael Traylor, Director

Date: 4-22-2010

ARIZONA DEPARTMENT OF HEALTH SERVICES

Signature: 

Name/Title: Christine Ruth Acting Chief Procurement Officer
Procurement Administrator

Date: April 7, 2010

OFFICE OF THE ATTORNEY GENERAL

101 S. STATE

STATE OF ARIZONA

COMPANION TRANSACTION ENTRY/TRANSFER

2,000,000.00

BATCH HEADER

AGY

DATE

TYPE

NO

DOCUMENT INFORMATION:

DOC DATE	EFF DATE	DOC AGY	CUR DOC	DOCUMENT AMT	VENDOR NO	CUSTOMER#, INVOICE # AND DESCRIPTION
4/23/2010	4/23/2010	H DA	GHTF7530			ISA HEALTH SERVICES

AGENCY1	HDA	Department of Housing	AY: 10	TRANS AMOUNT	AGENCY2	SFX	TC	INDEX	PCA	R	COBJ	AY:
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AGENCY 1	AGENCY 2	CERTIFICATION	GAO APPROVAL
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PREPARED BY, DATE, PHONE NO	PREPARED BY, DATE, PHONE NO	I certify that this expenditure/transaction is for a valid public purpose and is consistent with all applicable statutes, laws, appropriations, grants, and contracts. I also certify that sufficient appropriation and monies are available for this expenditure/transaction, and that I am authorized to disburse these monies.	REVIEWED BY, DATE
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APPROVED BY, DATE, PHONE NO	APPROVED BY, DATE, PHONE NO		APPROVED BY, DATE
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APPROVED BY, DATE, PHONE NO	APPROVED BY, DATE, PHONE NO		ADDITIONAL SIGNATURE, IF NEEDED
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ENTERED BY, DATE, PHONE NO			
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